FITWAY Alabama Colorectal Cancer Prevention Program Logic Model Year One

Alabama Inputs

Alabama Year One **Activities**

Alabama Year One **Outputs**

Short-Term Outcomes throughout 5 years Intermediate **Outcomes**

Long-Term **Outcomes**

JCHD & Cooper Green

Funding

Technical Assistance and Training

Monitorina and Evaluation

Data Collection

Surveillance

Policy Develop ment

State **Partners** Assess capability of EHR and billing systems to

implement EBIs

Assess systems to identify and reduce practice based- and structural barriers

Obtain screening/ rescreening baselines

Establish one clinical work team across both sites

Engage clinicians on USPSTF and **USMSTF** screening guidelines and baseline data

Establish an evaluation plan

Establish a Jefferson County Consortium to facilitate a CRC medical neighborhood

Report of current and proposed work flow processes

Report of identified structural barriers

Report of provider level and facility baseline screening rates

Jefferson County Consortium to facilitate medical neighborhood and **CRC Clinical Council** to increase access to CRC screening for low income patients in Jefferson County

Evaluation Plan

Examples of clinician engagement and support

1.1 Increased formal partnerships that support increased screening (CRC Medical Neighborhood)

1.2 Increased adoption of patient and provider reminder systems and provider assessment and feedback

1.3 System changes to support access to CRC screening

1.5 Increased knowledge and improved attitudes about need for CRC screening among patient population

1.6 Reduced patient barriers 1.7 Increased provider adherence to auidelines for CRC screening and surveillance

1.9 Increased measurement and use of health systems data

1.10 Increased high quality CRC screening of low income uninsured and AA and Hispanic populations

1.11 Increased adherence to timely diagnostic colonoscopy

1.12 Increased rescreening among health care systems clients

Increased detection of early-stage CRC

Decreased late-stage CRC disease

Decreased CRC Increased mortality timely diagnostic completion

Decreased CRC

Increased CRC prevention via polypectomy

Increased

treatment initiation

timely CRC

Decreased disparities in CRC incidence and mortality

incidence

Decreased disparities in **CRC** screening and outcomes

Increased appropriate CRC screening, rescreening. and surveillance, including for underserved populations

Acronyms:

CRC: Colorectal Cancer AA: African American

FIT: Fecal Immunochemical Test

PHCC: Partnering Primary Healthcare Centers FITWAY: The FITWAY Alabama Colorectal Cancer

Prevention Program

MOU: Memoranda of Understanding EHR: Electronic Health System EBI: Evidence-based Intervention

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Contextual Factors: resources, health care access, physician knowledge, under-and uninsured, endoscopic capacity, geography, cultural beliefs, CRC-related policies, other CRC screening resources